

May. 15. 2014 9:35AM Frischhertz Law

No. 2760 P. 2

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT**
(ANNUAL)☒ ORIGINAL REPORT☐ AMENDED REPORTThis Report Covers Calendar Year: 2013

☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.
As such, I have completed SCHEDULE E.

Name of Filer (print full name) DOMINICK F. IMPASTATO IIIMailing Address 9 PLATT DR.City, State, Zip KENNER, LA 70065Name of Board/Commission (no abbreviations): NEW ORLEANS REGIONAL TRANSIT AUTHORITY BD. OF COMMISSIONERSDate of Appointment: Jun 12, 2013Date Appointment Expires: Jun 30, 2014Name of Spouse (print full name) SHANNON W. IMPASTATOSpouse's Occupation SELF EMPLOYEDPrincipal Business Address 9 PLATT DR.City, State, Zip KENNER, LA 70065**CHECK ONE:**

- ☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
- ☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

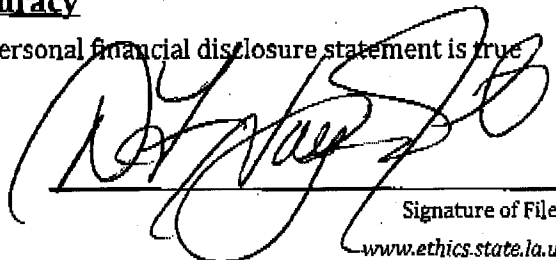
Check all that apply:

- ☐ I have filed my state income tax return for the previous year.
- ☒ I have filed for an extension of my state income tax return for the previous year.
- ☐ I have filed my federal income tax return for the previous year.
- ☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.


Signature of Filer

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Employer: FRISCHHERTZ, POUILLIARD, FRISCHHERTZ, & IMPASTATOJob Title: ATTORNEYJob Description: ATTORNEY-- LEGAL CONSULTATION, TRIAL, LITIGATION, AND LEGAL SERVICES☐ Filer ☒ Spouse ☐ Full-Time ☒ Part-TimeName of Employer: SWI CONSULTING, LLCJob Title: MARKETING CONSULTANT AND CONTRACTING SPECIALISTJob Description: MARKETING ASSISTANCE AND CONTRACT NEGOTIATIONS FOR HEALTH CARE PROVIDERS AND INSURANCE BROKERS☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Schedule B: Income from the State, Political☐ Check if not applicable**Subdivisions, and/or Gaming Interests**☐ Filer☐ Spouse☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): IMPASTATO RENTAL PROPERTIES, LLCName of Income Source: HOUSING AUTHORITY OF NEW ORLEANSAddress: 4100 TOURO ST.City, State, Zip: NEW ORLEANS, LA 70122Amount of Income (exact dollar amount): \$ 5,134.00☐ Filer☐ Spouse☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer☐ Spouse☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

**Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

Revised June 2011

Form 417

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Schedule C: Positions - Business☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): 20 %		
Name of Business: FRISCHHERTZ POUILLARD FRISCHHERTZ & IMPASTATO, LLC		
Address: 1130 ST. CHARLES AVE.		
City, State, Zip: NEW ORLEANS, LA 70130		
Business Description: LAW FIRM		
Nature of Association: MEMBER OF LLC		
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): 100 %		
Name of Business: SWI CONSULTING, LLC		
Address: 9 PLATT DR.		
City, State, Zip: KENNER, LA 70065		
Business Description: MARKETING AND CONTRACT CONSULTING		
Nature of Association: SOLE MEMBER		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): 50 %		
Name of Business: IMPASTATO RENTAL PROPERTIES, LLC		
Address: 9 PLATT DR.		
City, State, Zip: KENNER, LA 70065		
Business Description: RENTAL PROPERTY OWNERSHIP AND MANAGEMENT OF PROPERTIES OWNED BY MEMBERS AND LLC		
Nature of Association: MEMBER OF LLC		

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Positions - Nonprofit**☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: ARCHBISHOP RUMMEL ALUMNI ASSOCIATION, INC.Address: 1901 SEVERN AVE.City, State, Zip: METAIRIE, LA 70001Nature of Association: DIRECTOR (MEMBER OF BOARD OF DIRECTORS)Description of Organization: CHARITABLE SUPPORT GROUP FOR EDUCATIONAL INSTITUTION☒ Filer ☐ SpouseName of Organization: RUMMEL ALUMNI ENDOWMENT FUNDAddress: 1901 SEVERN AVE.City, State, Zip: METAIRIE, LA 70001Nature of Association: MEMBER OF BOARD OF DIRECTORSDescription of Organization: ACADEMIC SCHOLARSHIP FUND FOR STUDENTS AND FAMILIES IN NEED☒ Filer ☐ SpouseName of Organization: ACACIA FRATERNITY ALUMNI ASSOCIATIONAddress: 9 PLATT DR.City, State, Zip: KENNER, LA 70065Nature of Association: MEMBER OF BOARD OF DIRECTORSDescription of Organization: FUNDRAISING FOR FACILITY NEEDS OF CHAPTER HOUSE ON CAMPUS OF LSU FOR SOCIAL GATHERINGS OF ALUMNI OF FRATERNITY

*You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.

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Schedule E: Other Offices/Positions Held☐ Check if not applicable

Name of Office/Position: KENNER CITY COUNCIL DISTRICT 5, COUNCILMAN-ELECT (ELECTED 4/5/14)
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:
Name of Office/Position:

*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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Schedule F: Contributions☒ Check if not applicable (made within one year of appointment - in excess of \$1,000)

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.